



PTO/SB/21 (04-04)

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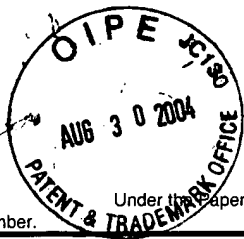
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/930,871	
	Filing Date	Aug 15, 2001	
	First Named Inventor	Turner, Jr., C. Alexander	
	Art Unit	1647	
	Examiner Name	Turner, Sharon L.	
Total Number of Pages in This Submission	3	Attorney Docket Number	LEX-0216-USA

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (Original & Copy) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Return Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Lexicon Genetics Incorporated Lance K. Ishimoto Reg. No. 41,866
Signature	<i>Lance K. Ishimoto by David W. Huber</i> DAVID W. HUBER REG. NO. 41,071
Date	August 24, 2004

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	Michelle Klein
Signature	<i>Michelle Klein</i>
Date	August 24, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information



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PTO/SB/22 (08-03)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number LEX-0216-USA	
		In re Application of Turner, Jr. et al.	
		Application Number 09/930,871	Filed 8/15/2001
		For Polynucleotides Encoding Human Ion Channel Proteins	
		Art Unit 1647	Examiner Turner, Sharon L.
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and appropriate small-entity fee are as follows (check time period desired):			
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))		\$ <u>475.00</u>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. .			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0892</u> .			
I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>41,866</u>			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
<u>August 24, 2004</u> Date		<u>Lance K. Ishimoto by David W. Haker</u> Signature <u>David W. Haker</u> <u>Reg. No. 41,071</u>	
<u>281-863-3333</u> Telephone Number		<u>Lance K. Ishimoto</u> <u>Reg. No. 41,866</u> Typed or printed name	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of _____ forms are submitted.			

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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